



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Non-Profit Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAR -1 PH 12:40

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 30230		2. Exact name of the Corporation Rhode Island Health Care Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Representing the Nursing Facility Industry in Rhode Island			
4. NAICS Code 813910 Business Association					
6. Principal Office Address 57 Kilvert St Suite 200			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Scott Fraser			Vice-President Name None		
Street Address 57 Kilvert St Suite 200			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Kim Ciociola			Treasurer Name Katherine Norman		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Michael Criscione			Director Name Trace Arel		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St, Suite		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Trevor Kinney			Director Name Akshay Talwar		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Virginia M Burke				Date 2/11/19	
Signature of Officer/Authorized Representative <i>Virginia M Burke</i>				FILED MAR -1 2019 12:40 SIGN DOCUMENT IN THE BY <i>ADNEAT</i>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Corporate ID 30230

RIDER TO 2019 ANNUAL REPORT OF
RHODE ISLAND HEALTH CARE ASSOCIATION

7. ADDITIONAL OFFICERS

Shaun Cournoyer, Chairperson
57 Kilvert Street, Suite 200
Warwick, RI 02886

Joan Woods, First Vice-Chair
57 Kilvert Street, Suite 200
Warwick, RI 02886

Anthony Barile, Second Vice-Chair
57 Kilvert Street, Suite 200
Warwick, RI 02886

8. ADDITIONAL DIRECTORS

Chuck Kenoian
57 Kilvert Street, Suite 200
Warwick, RI 02886

Kelly Arnold
57 Kilvert Street, Suite 200
Warwick, RI 02886

Angelo Rotella
57 Kilvert Street, Suite 200
Warwick, RI 02886

Linda Mastrobuono
57 Kilvert Street, Suite 200
Warwick, RI 02886

Laura Wischnowsky
57 Kilvert Street, Suite 200
Warwick, RI 02886